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December 6, 2001

Corporate Records Bureau  
Division of Corporations  
Department of State  
Post Office Box 6327  
Tallahassee, FL 32314

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-12/10/01--01062--007  
\*\*\*\*122.50 \*\*\*\*\*78.75

Re: RAM EYE CARE CENTER, M.D., P.A.

Gentlemen:

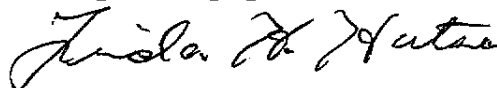
Find enclosed our firm's check in the amount of \$122.50 to cover the following fees of your office.

Filing Charter	\$35.00
Certification of Charter	52.50
Filing Resident Agent Form	35.00

We enclose original and one copy of Articles of Incorporation of this proposed professional association, with executed resident agent form. Please endorse your approval on the copy of the Articles of Incorporation, certify same and return to us. together with acknowledgment of filing of resident agent.

Thank you for your attention to the above.

Very truly yours,



Linda H. Hutson  
Legal Assistant

FILED  
01 DEC 10 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Enclosures  
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ARTICLES OF INCORPORATION  
OF  
RAM EYE CARE CENTER, M.D., P.A.

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01 DEC 10 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned natural person, licensed or otherwise legally authorized to perform the services of Ophthalmology, Medical and Surgical Eye Care, in the State of Florida, does hereby form a professional corporation in accordance with Florida Statute §621, and hereby adopts the following Articles of Incorporation.

ARTICLE I. NAME AND PRINCIPAL ADDRESS

The name of this corporation is RAM EYE CARE CENTER, M.D., P.A.. The principal address of the corporation is 1959 Magnolia Circle, Tavares, Florida 32778.

ARTICLE II. COMMENCEMENT OF EXISTENCE

This corporation shall begin its existence on the 10th day of December, 2001.

ARTICLE III. DURATION

The term of existence of the corporation is perpetual.

ARTICLE IV. PURPOSE

This professional service corporation shall render professional Ophthalmology, Medical and Surgical Eye Care services to the general public and do all things in connection therewith that are customarily done by licensed Ophthalmologists under the laws of the State of Florida, and, in accordance with Florida Statutes §621. Said professional association may invest its funds in real estate, mortgages, stocks, bonds or any other types of investments and may lease or own real and personal property necessary for the rendering of professional services.

ARTICLE V. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Seven Thousand Five Hundred (7,500) shares of  
Common Stock having a Nominal or Par Value of  
One Dollar (\$1.00) per share.

ARTICLE VI. STOCK LIMITATIONS

No one other than an individual who is duly licensed as an Ophthalmologist under the laws of the State of Florida may own any corporate stock of this corporation; nor may any shareholder enter into a voting trust agreement or any other type agreement vesting another person with the authority to exercise the voting power of any or all of his stock.

ARTICLE VII. PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VIII. INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 1330 W. Citizens Blvd., Suite 701, Leesburg, Florida 34748, and the name of the initial registered agent of this corporation at that address is J. Stephen Pullum.

ARTICLE IX. INITIAL BOARD OF DIRECTORS

This corporation shall have a minimum of one (1) Director at all times. The number of Directors may be increased from time to time by the By-Laws, but shall never be less than one (1) nor more

than five (5). The name and address of the initial Director of this corporation is:

<u>NAME</u>	<u>ADDRESS</u>
ETHIRAJ RAMCHANDER, M.D.	1959 Magnolia Circle Tavares, FL 32778

ARTICLE X. INCORPORATOR

The name and address of the person signing these Articles of Incorporation is:

<u>NAME</u>	<u>ADDRESS</u>
ETHIRAJ RAMCHANDER, M.D.	1959 Magnolia Circle Tavares, FL 32778


ARTICLE XI. INDEMNIFICATION

The corporation shall indemnify any officer, director, agent or employee or any former officer, director, agent or employee to the full extent permitted by law.

ARTICLE XII. AMENDMENT

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this restriction.

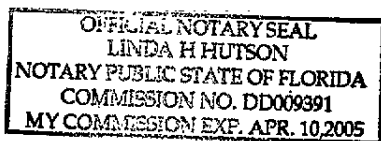
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 6<sup>th</sup> day of December, 2001.

  
\_\_\_\_\_  
Ethiraj Ramchander, M.D.,  
Subscriber

STATE OF FLORIDA  
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of December, 2001, by ETHIRAJ RAMCHANDER, Subscriber to these

Articles of Incorporation. Said person did not take an oath and (check one) ☒ is personally known to me, \_\_\_\_\_ produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or \_\_\_\_\_ produced other identification, to wit: \_\_\_\_\_.



*Linda H. Hutson*


Printed Name: \_\_\_\_\_  
Notary Public State of Florida  
Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:


FIRST-- THAT RAM EYE CARE CENTER, M.D., P.A. DESIRING  
TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH  
ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF LEESBURG, STATE OF  
FLORIDA, HAS NAMED J. STEPHEN PULLUM, LOCATED AT 1330 W. CITIZENS  
BLVD., SUITE 701, CITY OF LEESBURG, STATE OF FLORIDA, AS ITS AGENT  
TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE   
(Corporate Officer)

TITLE President

DATE December 6, 2001

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I  
HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY  
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE   
(Resident Agent)

DATE December 6, 2001

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FILED  
01 DEC 10 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA